PAGE 1 / 29

Image# 201609229032082630

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	For Other Than An	Authorized Comm	ittee	(Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
WOMEN SPEAK OUT	PAC				
ADDRESS (number and street) Check if different	SUITE 750	RE AVE NW			
than previously reported. (ACC)	WASHINGTON			DC _	20036
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00530766		3. IS THIS REPORT	NEW (N) OR	x AME (A)	NDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Q	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) Primary (7)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 Sep 20 Oct 20 General (12	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE)
July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y	Report for the Report		n (12C)	Special (12	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	n (d) 30-Day POST-Electi Report for the			Runoff (30F	
(TER)	E	Election on	/ D D /		in the State of
5. Covering Period 08		016 through	h 08	31	2016
I certify that I have examined th	•	est of my knowledge an	d belief it is tru	e, correct and o	complete.
Type or Print Name of Treasure	r Emily Buchanan				
Signature of Treasurer Emily	y Buchanan	[Electronic	ally Filed] D	ate 09	22 2016
NOTE: Submission of false, errone	eous, or incomplete infor	mation may subject the p	person signing th	is Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name WOMEN SPEAK OUT PAC 80 2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 496911.89 January 1, 2016 (b) Cash on Hand at 1024417.04 Beginning of Reporting Period..... 3985.00 605212.64 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1102124.53 1028402.04 6(a) and 6(c) for Column B)..... 244710.68 318433.17 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 783691.36 783691.36 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 20704.43 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

WOMEN SPEAK OUT PAC

I. Receipts attributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
tributions (other than loans) From: Individuals/Persons Other Than Political Committees		
Individuals/Persons Other Than Political Committees	3500.00	
Than Political Committees	3500.00	
	3500.00	
		576800.00
(ii) Unitemized	485.00	17768.91
(iii) TOTAL (add	3085.00	594568.91
Lines 11(a)(i) and (ii)	3963.00	0010000
Political Party Committees	0.00	0.00
Other Political Committees	222	
(such as PACs)	0.00	0.00
Total Contributions (add Lines		
	3085.00	594568.91
	3300.00	55.1506.51
	0.00	0.00
, committees		
Loans Received	0.00	0.00
n Renayments Received	0.00	0.00
1 1		7
·	0.00	10643.73
unds of Contributions Made		7
ederal Candidates and Other		
tical Committees	0.00	0.00
er Federal Receipts		
idends, Interest, etc.)	0.00	0.00
	0.00	0.00
(IIOIII Scriedule 133)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
	7	
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Political Party Committees	Lines 11(a)(i) and (ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	I. Disbursements COLUMN A Total This Period		
21. Operating Expenditures:	Iotal IIIIs Fellou	Calendar Year-to-Date	
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	93686.69	121657.00	
Expenditures	93000.09	131657.08	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	93686.69	131657.08	
2. Transfers to Affiliated/Other Party	30000.00	7	
Committees	0.00	0.00	
Contributions to			
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
4. Independent Expenditures			
(use Schedule E)	151023.99	186776.09	
5. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00		
(use Schedule F)	0.00	0.00	
6 Lean Renovmente Made	0.00	0.00	
6. Loan Repayments Made	7	0.00	
7. Loans Made	0.00	0.00	
8. Refunds of Contributions To:	7		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
<u> </u>			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees			
(such as PACs)	0.00	0.00	
(N T. 10 (1) 6 P. (1)			
(d) Total Contribution Refunds	0.00	0.00	
(add Lines 28(a), (b), and (c))▶	7 /7	0.00	
9. Other Disbursements	0.00	0.00	
	3.00	7	
0. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
(") III a fall Ol and	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	3.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
	7		
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	244710.68	318433.17	
	7		
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	244710.68	318433.17	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3985.00	594568.91
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3985.00	594568.91
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	93686.69	131657.08
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10643.73
3. Net Operating Expenditures (subtract Line 37 from Line 36)	93686.69	121013.35

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 6 Use separate schedule(s) (check only one)

OF

29

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13		11b 14		11c 15		12 16	<u></u>	17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the	purp	oose c	of so	liciting	con	tributi	ons	

Ar or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC Full Name (Last, First, Middle Initial) Carol J. Carlson Date of Receipt Mailing Address 14750 Beach Boulevard Apt. 54 2016 08 26 City State Zip Code Transaction ID: SA11AI.6373 FL Jacksonville Beach 32250-2375 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer Occupation Homemaker Homemaker Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Eugene Leone Date of Receipt Mailing Address 4108 North Greenview Avenue 80 25 2016 City State Zip Code Transaction ID: SA11AI.6372 IL Chicago 60613-1939 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Pircher Nichols & Meeks Attorney-at-Law Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

SCHEDULE B (FEC Form 3X)	Lloo concrete cabadula (-)	FOR LINE		PAGE 7 OF 29
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23	24 25 26
	Detailed Summary Page	27	28a 28b	28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	and addition of any politic	oar committee to	Control Contributions III	om such committee.
WOMEN SPEAK OUT PAC				
Full Name (Last, First, Middle Initial)			Date of Dishurasma	ent ent
A. All Seasons Strategies, LLC			Date of Disburseme	ent
Mailing Address P.O. Box 3521			08 31	2016
City	State Zip Code		Transaction ID : S	SB21B.6409
Spokane Purpose of Disbursement	WA 99202			
Expense Reimbursement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1033.60
Office Sought: House Disburs	ement For:	Type		1000.00
Senate Sought.	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:	_			
Full Name (Last, First, Middle Initial)			Data of Dist	
B. Michelle Ashley			Date of Disburseme	
Mailing Address 1200 New Hampshire Ave NW S	Ste 750		08 18	2016
City	State Zip Code DC 20036		Transaction ID : S	SB21B.6400
Washington Purpose of Disbursement	20036			
Expense Reimbursement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		403.50
Office Sought: House Disburs	ement For:	Туре	Memo Item	
Senate	Primary General		Memo item	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent
C. Michelle Ashley			M M / D D	/ Y Y Y Y
Mailing Address 1200 New Hampshire Ave NW S	Mailing Address 1200 New Hampshire Ave NW Ste 750			2016
City	State Zip Code			
Washington	DC 20036		Transaction ID: S	SB21B.6419
Purpose of Disbursement Expense Reimbursement				
Candidate Name		Amount of Each Dis	sbursement this Period	
Sandado Hamo		Category/ Type		316.42
Office Sought: House Disburs	ement For:		Memo Item	7
Senate	Primary General			
State: District:	Other (specify) ▼			
State. District.				
SUBTOTAL of Disbursements This Page (optional)				1753.52
The state of the s				
TOTAL This Period (last page this line number onl	y)			

Any information copied from such Reports and Statemer or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC Full Name (Last, First, Middle Initial) A. Authorize.net Mailing Address P.O. Box 947	ents may not be sold or use and address of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Authorize.net		i i	
			Date of Disbursement M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Sta	ate Zip Code		
American Fork U Purpose of Disbursement Bank fees Candidate Name	JT 84003-0947	001 Category/ Type	Amount of Each Disbursement this Period 67.91
	ent For: rimary General other (specify)	.,,,,,	Memo Item
Full Name (Last, First, Middle Initial) B. Authorize.net Mailing Address P.O. Box 947			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta American Fork U Purpose of Disbursement Bank fees Candidate Name	ate Zip Code JT 84003-0947	001 Category/	Transaction ID : SB21B.6348 Amount of Each Disbursement this Period 45.05
	ent For: rimary General wither (specify)	Туре	Memo Item
Full Name (Last, First, Middle Initial) C. Chrissy Blevio			Date of Disbursement
Mailing Address 1200 New Hampshire Ave NW Ste 75 City Sta			08 31 2016
Washington DO Purpose of Disbursement Expense Reimbursement Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	ent For: rimary General other (specify)	,,,,,,	Memo Item

ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check of	NE NUMBER: PAGE 9 OF 29 only one) 1b 22 23 24 25 26 7 28a 28b 28c 29 30t
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	nents may not be sold or used by any p ne and address of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Chain Bridge Bank Mailing Address 1445 McLaughlin Ave		Date of Disbursement 08 / 15 / 2016
City McLean Purpose of Disbursement Wire Transfer fee Candidate Name Office Sought: House Senate President State: District:	State Zip Code VA 22101 O01 Category/ Type ment For: Primary General Other (specify) Other (specify)	Transaction ID : SB21B.6344 Amount of Each Disbursement this Period 240.00 Memo Item
Washington Purpose of Disbursement Expense Reimbursement Candidate Name Office Sought: House Disburser Senate President State: District:	State Zip Code DC 20036 Category/ Type nent For: Primary General Other (specify) Other (specify)	Date of Disbursement M M M
Full Name (Last, First, Middle Initial) C. Eileen Escalante Mailing Address 1200 New Hampshire Ave City Washington Purpose of Disbursement Expense Reimbursement Candidate Name	State Zip Code DC 20036 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED DISBURSEMENTS	Use separate schedu	10/0\ I	NUMBER: PAGE 10 OF 29
	for each category of Detailed Summary Pa	the Collect on	·
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	and address of any	,	
Full Name (Last, First, Middle Initial)			Date of Dishumanness
- Tami Fitzgerald			Date of Disbursement
Mailing Address 1200 New Hampshire Ave NW Ste	750		08 18 2016
City Sashington	State Zip Code DC 20036		Transaction ID : SB21B.6402
Purpose of Disbursement Expense Reimbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	409.80
Office Sought: House Disburser Senate President	ment For: Primary Gene Other (specify) ▼		Memo Item
State: District:	·		
Full Name (Last, First, Middle Initial) Fami Fitzgerald			Date of Disbursement
Mailing Address 1200 New Hampshire Ave NW Ste	e 750		08 31 2016
Washington	State Zip Code DC 20036		Transaction ID : SB21B.6422
Purpose of Disbursement Expense Reimbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	515.74
Office Sought: House Disburser Senate President State: District:	ment For: Primary Gene Other (specify) ▼	ral	Memo Item
Full Name (Last, First, Middle Initial) Grayson Greco			Date of Disbursement
Mailing Address 1200 New Hampshire Ave NW Ste 750			08 31 2016
City Washington Purpose of Disbursement	State Zip Code DC 20036		Transaction ID : SB21B.6412
Expense Reimbursement Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	363.12
Office Sought: House Disburser	Primary Gene	ral	Memo Item
Senate President State: District:	Other (specify) ▼		

	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	-				
	y information copied from such Reports and Statem for commercial purposes, other than using the nam		ed by any perso	on for the purpose of soliciting contributions				
\rangle	WOMEN SPEAK OUT PAC							
۹.	Full Name (Last, First, Middle Initial) HWS Headway Work Force Solutio Mailing Address 421 Fayetteville St #1020	ns		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	·	State Zip Code		00 31 2010				
	Raleigh	NC 27601		Transaction ID : SB21B.6423				
	Purpose of Disbursement Director payroll (non-ie) Candidate Name		Category/	Amount of Each Disbursement this Period				
		nent For: Primary General Other (specify)	Туре	43073.05 Memo Item				
3.	Full Name (Last, First, Middle Initial) HWS Headway Work Force Solution	ons		Date of Disbursement				
	Mailing Address 421 Fayetteville St #1020			08 31 2016				
	,	State Zip Code NC 27601		Transaction ID : SB21B.6424				
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period 34697.64				
		nent For: Primary General Other (specify)		Memo Item				
С .	Full Name (Last, First, Middle Initial) i360			Date of Disbursement				
	Mailing Address P.O. Box 37046			08 25 2016				
	•	State Zip Code MD 21297-3046		Transaction ID : SB21B.6345				
	Data Subscription Candidate Name		001 Category/ Type	Amount of Each Disbursement this Period				
		nent For: Primary General Other (specify)	75-	Memo Item				
s	UBTOTAL of Disbursements This Page (optional)			79670.69				
т	TOTAL This Period (last page this line number only)							

NUMBER: PAGE 12 OF 29
ly one) 22 23 24 25 20 28a 28b 28c 29 36
son for the purpose of soliciting contributions to solicit contributions from such committee.
o sonor communions nom such communee.
Date of Disbursement
08 02 2016
Transaction ID : SB21B.6346
Amount of Each Disbursement this Period
15.95
Memo Item
Date of Disbursement
08 31 2016
Transaction ID : SB21B.6343
Amount of Each Disbursement this Period
72.75
Memo Item
Date of Disbursement
08 18 2016
Transaction ID : SB21B.6399
Amount of Each Disbursement this Period
2716.18
Memo Item
2804.88

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only	one) 22 23 24 25 26
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	nents may not be sold or used	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
WOMEN SPEAK OUT PAC			
Full Name (Last, First, Middle Initial) A. Laurie Lee			Date of Disbursement
Mailing Address 1104 Westpoint Court			08 18 2016
- 7	State Zip Code AR 72211		Transaction ID : SB21B.6404
Expense Reimbursement Candidate Name	[Category/ Type	Amount of Each Disbursement this Period 2438.06
	nent For: Primary General Other (specify)	Турс	Memo Item
Full Name (Last, First, Middle Initial) B. Laurie Lee			Date of Disbursement
Mailing Address 1104 Westpoint Court			08 31 2016
Little Rock Purpose of Disbursement	State Zip Code AR 72211		Transaction ID : SB21B.6415
Expense Reimbursement Candidate Name	l	Category/ Type	Amount of Each Disbursement this Period 2360.30
	nent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) C. Julie Love			Date of Disbursement
Mailing Address 1200 New Hampshire Ave NW Ste 750			08 18 2016
,	State Zip Code DC 20036		Transaction ID : SB21B.6397
Expense Reimbursement Candidate Name	[Category/ Type	Amount of Each Disbursement this Period 309.28
	nent For: Primary General Other (specify)	71 -	Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			5107.64

SCHEDULE B (FEC Form 3X)	Lica caparata cabadula(a)	FOR LINE NUMBER: PAGE 14		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 2 28c 29
Any information copied from such Reports and Statem		ed by any perso	on for the purpose of s	soliciting contributions
or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions fro	om such committee.
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				
Full Name (Last, First, Middle Initial) - Julie Love			Date of Disburseme	ent
			M = M / D = D	/ Y = Y = Y = Y
Mailing Address 1200 New Hampshire Ave NW Ste	750		08 31	2016
,	State Zip Code		Transaction ID : S	SB21B.6414
washington Purpose of Disbursement	DC 20036			
Expense Reimbursement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		317.50
Office Sought: House Disbursem	nent For:	Туре	NA	150
	Primary General		Memo Item	
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ent
B. Ridge Parker			Man / Date of Disburseme	/ Y Y Y Y
Mailing Address 1200 New Hampshire Ave NW Ste	750		08 18	2016
•	State Zip Code		Transaction ID : S	SB21R 6405
Washington Purpose of Disbursement	DC 20036		กลกอนเบก เบ . ร	
Purpose of Disbursement Expense Reimbursement		· · · ·	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		445.41
Office Sought: House Disbursen	nent For:	71	Memo Item	
	Primary General		_	
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
Paychex			Date of Disburseme	
Mailing Address 3060 Williams Dr #200			08 01	2016
City	State Zip Code		Transaction ID : S	SB21B.6351
Purpose of Disbursement	VA 22031			
Payroll fees		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		64.50
Office Sought: House Disbursem	nent For:	Туре	Memo Item	, , , ,
Senate	Primary General		I wemo item	
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)		·····•		827.41
		-		

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only x 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
Full Name (Last, First, Middle Initial) A. Petrina Williams Mailing Address 1200 New Hampshire Ave NW Ste	750		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington Purpose of Disbursement	State Zip Code DC 20036		Transaction ID : SB21B.6420
Expense Reimbursement Candidate Name Office Sought: House Disbursem		Category/ Type	Amount of Each Disbursement this Period 627.19
Senate	nent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. Mailing Address			Date of Disbursement
Mailing Address City S	State Zip Code		
Purpose of Disbursement Candidate Name		Category/	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)	Туре	Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address	State Zip Code		
City S Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			627.19
TOTAL This Period (last page this line number only).			93524.39

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

PAGE

16 OF

	9
X	10

29

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code DC Washington 20036 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 10500.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4110 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 Zip Code City State Washington DC 20036 Transaction ID: SD10.4318 Outstanding Balance Beginning This Period 5204.43 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 5204.43 0.00 20704.43 1) SUBTOTALS This Period This Page (optional)..... 20704.43 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 20704.43 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

PAGE	17	OF	29
FOR L	INE 24	OF F	ORM 3X

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo It	em Da	ate of Public Distribution/Dissemination
American Marketing & Publishing				08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7380 Sprout Springs Rd			Ar	mount
Ste 210-248				
City	State	Zip Code		3081.25
Flowery Branch	GA	30542		nsaction ID : SE.6199 ate of Disbursement or Obligation
Purpose of Expenditure Door Hangers		Category/ Type 006		08 17 2016
Name of Federal Candidate		Support	Office So	ought: House District:
HILLARY RODHAM CLINTON		X Oppose		
		_ ► Oppose		Siderii Seriale State.
Calendar Year-To-Date Per Election for Office Sought	7	17226.58	Disburser 2016	ment For:
Full Name of Payee		☐ Memo Ite	em D	ate of Public Distribution/Dissemination
American Marketing & Publishing				08 17 2016
Mailing Address 7380 Sprout Springs Rd			Ar	mount
Ste 210-248				
City	State	Zip Code	l L	3081.25
Flowery Branch	GA	30542		nsaction ID : SE.6202 ate of Disbursement or Obligation
Purpose of Expenditure Door Hangers		Category/ Type 006		08 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sc	ought: House District:
DEBORAH K ROSS		x Oppose		esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		3081.25	Disburser 2016	ment For: Primary General
	, , ,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶	6162.50
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		.	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized			
Emily Buchanan	[Electron	ically Filed] Date	M M M	22 2016
Signature				

PAGE	18	OF	29	
FOR L	INE 24	OF F	ORM 3X	
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	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Pate of Public Distribution/Dissemination
American Marketing & Publishing	08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	mount
Ste 210-248 City State Zip Code	4475.75
Flowery Branch GA 30542 Tra	ansaction ID : SE.6205 Date of Disbursement or Obligation
Purpose of Expenditure Door Hangers Category/ Type 006	08 17 2016
Name of Federal Candidate Support Office So	ought: House District:
HILLARY RODHAM CLINTON	resident Senate State: FL
Per Election for Office Sought 4475.75 2016	ement For: X Primary General
	Other (specify) -
Full Name of Payee American Marketing & Publishing	Date of Public Distribution/Dissemination
Mailing Address 7380 Sprout Springs Rd	08 17 2016 Amount
Ste 210-248	
City State Zip Code	3081.25
D	ansaction ID : SE.6214 Date of Disbursement or Obligation
Purpose of Expenditure Door Hangers Category/ Type 006	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	ought: House District:
TED STRICKI AND	resident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary x General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	7557.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Emily Buchanan [Electronically Filed] Date 09	/ 22 / 2016
Signature	

PAGE		OF	29	
FOR L	INE 24	OF F	ORM 3X	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	☐ Memo Item Date of Public Distribution/Dissemination
American Marketing & Publishing Mailing Address 7200 Secret Series and	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
7380 Sprout Springs Rd	Amount
Ste 210-248	
City State	Zip Code 3081.25
Flowery Branch GA	30542 Transaction ID : SE.6216 Date of Disbursement or Obligation
Purpose of Expenditure Door Hangers	Category/ Type 006 08 17 2016
Name of Federal Candidate	Support Office Sought: House District:
HILLARY RODHAM CLINTON	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016
Tel Election for Office Gought	Other (specify) ▶
Full Name of Payee American Marketing & Publishing	☐ Memo Item Date of Public Distribution/Dissemination
Mailing Address 7380 Sprout Springs Rd	08 22 2016 Amount
Ste 210-248	Allount
City State	Zip Code 1145.00
Flowery Branch GA	30542 Transaction ID : SE.6287 Date of Disbursement or Obligation
Purpose of Expenditure Door Hangers, originally reported 8/24/16 for \$1250	Category/ Type 006 08 / 22 / 2016
Name of Federal Candidate	Support Office Sought: X House District: 04
MIA LOVE	Oppose President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
Emily Buchanan	[Electronically Filed] Date 09 22 2016
Signature	

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	aye# 201009229032002049		
	CHEDULE E (FEC Form 3X)		
ΙE	EMIZED INDEPENDENT EXPENDITURES		PAGE 20 OF 29 FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (I. F. II)		FOR LINE 24 OF FORM 3X
	ME OF COMMITTEE (In Full) VOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼
V	VOIVIEN SPEAR OUT FAC		C C00530766
Ch	eck if 24-hour report 48-hour report New rep	port Amends repor	t filed on
	Full Name of Payee	Memo Ite	m Date of Public Distribution/Dissemination
	American Marketing & Publishing	_	M M / D D / Y Y Y Y
	Mailing Address		08 22 2016
	7380 Sprout Springs Rd		Amount
	Ste 210-248		
	City State	Zip Code	1145.00
	Flowery Branch GA	30542	Transaction ID : SE.6289 Date of Disbursement or Obligation
	Purpose of Expenditure Door Hangers	Category/ 006	M M / D D / Y Y Y Y
	Door Hangers	Type 006	08 22 2016
	Name of Federal Candidate	Support	Office Sought:
	H DOUGLAS OWENS	X Oppose	President Senate State: UT
	Calendar Year-To-Date		Disbursement For: Primary X General
	Per Election for Office Sought	2290.00	2016
	Full Name of Payee	☐ Memo Iter	n Date of Public Distribution/Dissemination
	Campaign Graphics		08
	Mailing Address 1229 N. Wakonda Street		
			Amount
	City State	Zip Code	307.88
	Flagstaff AZ	86004	Transaction ID : SE.6185 Date of Disbursement or Obligation
	Purpose of Expenditure	Category/	Date of Disputsement of Obligation
	lapel stickers	Type 006	08 04 2016
	Name of Federal Candidate	Support	Office Sought: House District:
	HILLARY RODHAM CLINTON	x Oppose	resident Senate State: FL
	Calendar Year-To-Date	04000 27	Disbursement For: Primary General
	Per Election for Office Sought	64808.37	Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures		1452.88
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	,,		
	(c) TOTAL Independent Expenditures		•
	Under penalty of perjury I certify that the independent expenditures	s reported herein were r	not made in cooperation, consultation, or concert

with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Emily Buchanan	[Electronically Filed]	Date	09 /	22	2016
Signature					

PAGE	21	OF	29	
FOR L	INE 24	OF F	ORM	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination
Campaign Graphics Mailing Address A222 N. Waltanda Street		08 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1229 N. Wakonda Street		Amount
City	te Zip Code	153.94
Flagstaff AZ	86004	Transaction ID : SE.6189 Date of Disbursement or Obligation
Purpose of Expenditure Lapel Stickers	Category/ Type 004	08 / 04 / 4 2016
Name of Federal Candidate	Support Office	ce Sought: House District:
HILLARY RODHAM CLINTON	X Oppose X	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	14145.33 Dist 2016	oursement For: Primary
Full Name of Payee	☐ Memo Item	
Campaign Graphics	_ memo nem	Date of Public Distribution/Dissemination 08 04 2016
Mailing Address 1229 N. Wakonda Street		Amount
City	ite Zip Code	153.94
Flagstaff AZ	Z 86004	Transaction ID : SE.6191 Date of Disbursement or Obligation
Purpose of Expenditure Lapel Stickers	Category/ Type 004	08 / 04 / 2016
Name of Federal Candidate	Support Office	ce Sought: House District:
TED STRICKLAND	x Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	8955.47 Disk 201	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		307.88
(b) SUBTOTAL of Unitemized Independent Expenditures.	· · · · · · · · · · · · · · · · · · ·	7 1 7 1 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either	
Emily Buchanan	[Electronically Filed] Date	09 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE	22	OF	29 ORM 3X
FOR I	LINE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	t filed on Man / Dab / Yayayay
Full Name of Payee	m Date of Public Distribution/Dissemination
Campaign Graphics	08
Mailing Address 1229 N. Wakonda Street	Amount
City State Zip Code	153.94
Flagstaff AZ 86004	Transaction ID : SE.6194 Date of Disbursement or Obligation
Purpose of Expenditure Lapel Stickers Category/ Type 004	08
Name of Federal Candidate Support	Office Sought: House District:
HILLARY RODHAM CLINTON Oppose	President Senate State: NC
	Disbursement For: Primary General Other (specify) ▶
Full Name of Payee	
Campaign Graphics	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street	Amount
City State Zip Code	153.94
Flagstaff AZ 86004	Transaction ID : SE.6196 Date of Disbursement or Obligation
Purpose of Expenditure Lapel Stickers Category/ Type 004	08 / 04 / 2016
Name of Federal Candidate Support	Office Sought: House District:
DEBORAH K ROSS Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 28888.91	Disbursement For: Primary General 2016 Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	307.88
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Emily Buchanan [Electronically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Emily Buchanan

Signature

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 23 OF 29 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC I	DENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC		C	C00530766
Check if 24-hour report 48-hour report	New report Amends	report filed on	/ D D / Y Y Y Y Y
Full Name of Payee	☐ Men	no Item Date of Publ	ic Distribution/Dissemination
HWS Headway Work Force Solutions		M M M	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020		Amount	
City Sta	te Zip Code		24086.83
Raleigh	27601	Transaction I	D: SE.6146 ursement or Obligation
Purpose of Expenditure Actual payroll for canvassers in NC 8/1-8/31, report estimates \$36500 on 8/1	cate of Category/ Type C	001 08	01 2016
Name of Federal Candidate	Suppor	t Office Sought:	House District:
HILLARY RODHAM CLINTON	X Oppos	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	42560.42	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
Full Name of Payee	☐ Mem	o Item Date of Publ	ic Distribution/Dissemination
HWS Headway Work Force Solutions		08	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020		Amount	
City Sta	te Zip Code		4648.14
Raleigh N	C 27601	Transaction I Date of Disb	D: SE.6147 oursement or Obligation
Purpose of Expenditure Reporting actual mileage, to replace reported estimate of	\$6250 Category/ Type C	02 08	01 / 2016
Name of Federal Candidate	Suppo	rt Office Sought:	House District:
HILLARY RODHAM CLINTON	x Oppos	e x President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	47208.56	Disbursement For: 2016 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			28734.97
(b) SUBTOTAL of Unitemized Independent Expenditures			
(5) CODICINE OF CHIRCHIZED INDEPENDENT EXPENDITURES		······	49. 45.
(c) TOTAL Independent Expenditures		······ >	42
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or age		

[Electronically Filed]

22

09

Date

2016

PAGE	24	OF	29 ORM 3X
FOR L	INE 24	OF F	ORM 3X

				FOR LINE 24	OF FORM 3X	
	OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼	
VVOI	WOMEN SPEAK OUT PAC C C00530766					
Check is	f 24-hour report 48-hour report New report	ort Amends repo	rt filed on	M = M / D = D /	Y	
	Name of Payee	☐ Memo Ite	em Date	e of Public Distribution/Di	issemination	
	NS Headway Work Force Solutions ling Address 404 Force Solutions		[08 / 01 /	2016	
Ivial	421 Fayetteville St #1020		Amo	ount		
City	State	Zip Code			50601.17	
Rale		27601		saction ID : SE.6148 e of Disbursement or Ob	ligation	
	pose of Expenditure ual payroll for canvassers in FL 8/1-8/31, reported estimate 8/1	Category/ Type 001		08 / 01 /	2016	
Nan	ne of Federal Candidate	Support	Office Soug	ght: House Di	strict:	
HIL	LARY RODHAM CLINTON	X Oppose	x Presi		State:FL	
	Calendar Year-To-Date Per Election for Office Sought	59165.07	Disburseme 2016	ent For: Primary Other (specify) ▶	✗ General	
Full	Name of Payee	Memo Ite		,, ,,	iccomination	
	WS Headway Work Force Solutions	_ memo nei	Date	e of Public Distribution/D	2016	
Mai	ling Address 421 Fayetteville St #1020		Amo		2010	
City	State	Zip Code			5335.42	
Ra	leigh NC	27601		saction ID : SE.6149 e of Disbursement or Ob	ligation	
	pose of Expenditure tual mileage for canvassers in FL 8/1-8/31, reported estimate 8/1	Category/ Type 002		08 / 01 /	2016	
Nar	ne of Federal Candidate	Support	Office Sou	ght: House D	istrict:	
HIL	LARY RODHAM CLINTON	x Oppose	x Presi	ident Senate	State:FL	
	Calendar Year-To-Date Per Election for Office Sought	64500.49	Disburseme 2016	ent For: Primary Other (specify) ▶	✗ General	
	SUBTOTAL of Itemized Independent Expenditures		· -		55936.59	
(6)	TOTAL OF OTHER MEDICAL Experiments		•	7 7		
(c) T	OTAL Independent Expenditures		•	7		
with,	er penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.					
	Emily Buchanan [Electroni	ically Filed] Date	M M M	[/] 22	Y	
Si	ignature	_				

PAGE	25	OF	29 DRM 3X
FOR L	INE 24	OF FO	DRM 3X

				FOR LINE 24	4 OF FORM 3X
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION	N NUMBER ▼
WC	OMEN SPEAK OUT PAC			C C00530766	
Chec	k if 24-hour report 48-hour report New rep	port Amends repo		M = M / D = D /	Y Y Y
	ull Name of Payee	☐ Memo It	em Date	of Public Distribution/I	Dissemination
	HWS Headway Work Force Solutions		[08 01	2016
l N	Mailing Address 421 Fayetteville St #1020		Amo	unt	
	Dity State	Zip Code			7704.59
F	Raleigh	27601		action ID : SE.6150 of Disbursement or O	bligation
/	Purpose of Expenditure Actual payyroll for canvassers in OH 8/1-8/31, reported estimate of \$21000 on 8/1	Category/ Type 001		08 01	2016
Ν	lame of Federal Candidate	Support	Office Soug	ht: House [District:
1	HILLARY RODHAM CLINTON	X Oppose	X Presid	dent Senate	State: OH
ı	Calendar Year-To-Date Per Election for Office Sought	12894.44	Disburseme 2016	ent For: Primary Other (specify) ▶	X General
-	Full Name of Payee	☐ Memo Ite		e of Public Distribution/	Discomination
	HWS Headway Work Force Solutions		Date	M M / D D / 08 01	2016
N	Mailing Address 421 Fayetteville St #1020		Amo		2010
	Dity State	Zip Code			1096.95
	Raleigh NC	27601		saction ID : SE.6151 e of Disbursement or C	bligation
	Purpose of Expenditure Actual mileage for canvassers in OH 8/1-8/31, reported estimate of \$4000 on 8/1	Category/ Type 002] [08 / 01 /	2016
١	Name of Federal Candidate	Support	Office Soug	ght: House I	District:
Ľ	HILLARY RODHAM CLINTON	x Oppose	x Presi	dent Senate	State: OH
	Calendar Year-To-Date Per Election for Office Sought	13991.39	Disburseme 2016	ent For: Primary Other (specify) ►	✗ General
(a)	SUBTOTAL of Itemized Independent Expenditures			7	8801.54
(b) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7	
(c)	TOTAL Independent Expenditures		•	7 1 7	
wit	der penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized try committee) any political party committee or its agent.				
	Emily Buchanan [Electron	nically Filed] Date	M M /	22 2016	
	Signature				

PAGE	26	OF	29	
FOR L	INE 24	OF	FORM	ЗХ

		FOR LINE 24 OF FORM 3X				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
۷V	WOMEN SPEAK OUT PAC C C00530766					
Che	cck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y				
T	Full Name of Payee	Date of Public Distribution/Dissemination				
-	HWS Headway Work Force Solutions Mailing Address 404 Force Solutions	08 01 7 2016				
١	421 Fayetteville St #1020	Amount				
ŀ	City State Zip Code	24086.83				
	Raleigh NC 27601	Transaction ID : SE.6173 Date of Disbursement or Obligation				
	Purpose of Expenditure Actual payyroll for canvassers in NC 8/1-8/31, report estimate of \$36500 on 8/1 Category/ Type 001	08 / 01 / 2016				
	Name of Federal Candidate Support Office	e Sought: House District:				
	DEBORAH K ROSS Oppose	President Senate State: NC				
	Calendar Year-To-Date Per Election for Office Sought Disbut 24086.83	Ursement For: Primary ☐ Other (specify) ☐ Other (specify)				
ŀ	Full Name of Payee Memo Item					
١	HWS Headway Work Force Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 421 Fayetteville St #1020	Amount				
ŀ	City State Zip Code	4648.14				
	Raleigh NC 27601	Transaction ID : SE.6177 Date of Disbursement or Obligation				
	Purpose of Expenditure Reporting actual mileage, to replace reported estimate of \$6250 Category/ Type 002	08 / 01 / 2016				
ľ	Name of Federal Candidate Support Office	e Sought: House District:				
	DEBORAH K ROSS Oppose	President Senate State: NC				
	Calendar Year-To-Date Per Election for Office Sought Disbrace 28734.97	ursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	28734.97				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.					
	Emily Buchanan [Electronically Filed] Date	9 / 22 / 2016				
	Signature					

PAGE	27	OF	29
FOR L	INE 24	OF FO	ORM 3X

		FOR LINE 24 OF FORM 3X			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
WOMEN SPEAK OUT PAC C C00530766					
Check if 24-hour report 48-hour report New re	port Amends report fi	iled on MMM / DDD / YYYYY			
Full Name of Payee	Memo Item	Date of Public Distribution/Dissemination			
HWS Headway Work Force Solutions		08 01 / 2016			
Mailing Address 421 Fayetteville St #1020		Amount			
City State	Zip Code	7704.59			
Raleigh	27601	Transaction ID : SE.6179 Date of Disbursement or Obligation			
Purpose of Expenditure Actual payroll for canvassers in OH 8/1-8/31, reported estimate of \$21000 on 8/1	Category/ Type 001	08 / 01 / 2016			
Name of Federal Candidate	Support O	ffice Sought: House District:			
TED STRICKLAND	X Oppose	President Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary			
Full Name of Payee	Memo Item				
HWS Headway Work Force Solutions	_ wello tell	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 421 Fayetteville St #1020		Amount			
City State	Zip Code	1096.94			
Raleigh	27601	Transaction ID : SE.6182 Date of Disbursement or Obligation			
Purpose of Expenditure Actual mileage for canvassers in OH 8/1-8/31, reported estimate of \$4000 on 8/1	Category/ Type 002	08 / 01 / 2016			
Name of Federal Candidate	Support O	ffice Sought: House District:			
TED STRICKLAND	x Oppose	President Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary			
(a) SUBTOTAL of Uniterpized Independent Expenditures	,	8801.53			
(b) SUBTOTAL of Unitermized Independent Expenditures	•	4 4			
(c) TOTAL Independent Expenditures	•				
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.					
Emily Buchanan [Electro	onically Filed] Date	09 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature					

SCHE ITEMIZE

	EXPENDITURES			PAGE 28 FOR LINE	OF 29 24 OF FORM 3X
ME OF COMMITTEE (In Full)			FEC	IDENTIFICAT	ION NUMBER ▼
OMEN SPEAK OUT	PAC		С	C00530766	
ck if 24-hour report	48-hour report New r	report Amends repor	rt filed on	/ D = D /	Y
Full Name of Payee HWS Headway Work F	orce Solutions	☐ Memo Ite	M M M	/ D D /	n/Dissemination
Mailing Address 421 Fayette	ville St #1020		Amount	22	2016
City	State	Zip Code			0.00
Raleigh	NC	27601	Transaction Date of Dis	ID : SE.6277 bursement or	Obligation
Purpose of Expenditure Reported estimate, \$0 is actua start until 9/1	al amount. Canvassers did not	Category/ Type 001	08	22	2016
Name of Federal Candidate		✗ Support	Office Sought:	X House	District: 04
MIA LOVE		Oppose	President	Senate	State: UT
Calendar Year-To-Date Per Election for Office So	ought	0.00	Disbursement For: 2016 Other (s	Primar	y X Genera
Full Name of Payee HWS Headway Work Mailing Address 421 Fayetter	ville St #1020		Amount	22	n/Dissemination 2016
City	State	Zip Code			0.00
Raleigh	NC	27601	Transaction Date of Dis	ID : SE.6280 bursement or	Obligation
		Category/ 002	M M M 08	/ 22	2016
Purpose of Expenditure Reported estimate, \$0 is actual start until 9/1	al amount. Canvassers did not	Type 002			
Reported estimate, \$0 is actual	al amount. Canvassers did not	Support	Office Sought:	X House	District: 04
Reported estimate, \$0 is actual start until 9/1	al amount. Canvassers did not	Туре		✗ House Senate	District: 04 State: UT
Reported estimate, \$0 is actual start until 9/1 Name of Federal Candidate		Support	Office Sought: President Disbursement For: 2016	Senate	State: UT
Reported estimate, \$0 is actual start until 9/1 Name of Federal Candidate H DOUGLAS OWENS Calendar Year-To-Date Per Election for Office So		Support M Oppose	Office Sought: President Disbursement For: 2016 Other (Senate Primar	State: UT
Reported estimate, \$0 is actual start until 9/1 Name of Federal Candidate H DOUGLAS OWENS Calendar Year-To-Date Per Election for Office So a) SUBTOTAL of Itemized Inc.	ought	Support V Oppose	Office Sought: President Disbursement For: 2016 Other (Senate Primar	State: UT

Under with, or party committee) any political party committee or its agent.

Emily Buchanan	[Electronically Filed]	Date	09 /	22	/	2016
Signature						

PAGE	29	OF	29
FOR L	INE 24	OF F	ORM 3X

		FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC		C C00530766	
Check if 24-hour report 48-hour report	New report Amends report file	ed on M M / D D / Y Y Y Y	
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination	
HWS Headway Work Force Solutions		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 421 Fayetteville St #1020		Amount	
City Sta	ate Zip Code	0.00	
I .	NC 27601		
Purpose of Expenditure Reported estimate, \$0 is actual amount. Canvassers did restart until 9/1	not Category/ Type 006	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	✗ Support Off	ice Sought: X House District:04	
MIA LOVE	Oppose	President Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought	0.00 Dis 201	sbursement For: Primary General Other (specify) Other (specify)	
	□ Mome Item		
Full Name of Payee HWS Headway Work Force Solutions	☐ Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 421 Fayetteville St #1020		08	
City Sta	ate Zip Code	0.00	
,	IC 27601	Transaction ID : SE.6285 Date of Disbursement or Obligation	
Purpose of Expenditure Reported estimate, \$0 is actual amount. Canvassers did start until 9/1	not Category/ Type 006	08 / 22 / 2016	
Name of Federal Candidate	Support Off	fice Sought: House District: 04	
H DOUGLAS OWENS	x Oppose	President Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought	0.00 Dis	sbursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	ŕ	0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	>	7 7	
(c) TOTAL Independent Expenditures	······	151023.99	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of eith		
Emily Buchanan	[Electronically Filed] Date	09 / 22 / 2016	
Signature	24.3		